

CLIENTS COPY
CONFIDENTIAL
2001 IT-203

For office use only

New York State Department of Taxation and Finance

Nonresident and Part-Year Resident
Income Tax Return

New York State • City of New York • City of Yonkers

For the year January 1, 2001, through December 31, 2001, or fiscal tax year beginning 01 and ending 01

Important: You must enter your social security number(s).

Your First Name and Middle Initial

ANUCHA

Spouse's First Name and Middle Initial

Your Last Name (for joint return, enter spouse's name below)

BROWNE - SANDERS

Spouse's Last Name

Mailing Address (number and street or rural route)

REDACTED

Permanent Home Address (see instructions) (number and street or rural route)

Apartment Number

NYS County of Residence
• NR

City, Village or Post Office

State ZIP Code

NYS School District Name
• NR

New York State school district code number

(If Taxpayer is Deceased, Enter First Name and Date of Death)

(A) Filing status — mark an X in one box:

1 Single

2 Married filing joint return *

3 Married filing separate return *

4 X Head of household (with qualifying person)

5 Qualifying widow(er) with dependent child

* For filing status 2 or 3, enter both spouses' social security numbers above, unless filing Form IT-203-C (see instructions).

(B) Can you be claimed as a dependent on another taxpayer's federal return? Yes No X

(C) If you do not need forms mailed to you next year, mark an X in the box (see instructions) X

Enter federal amounts in the left-hand column and New York State amounts in the right-hand column. See instructions. Part-year residents: complete worksheet first.

	Federal amount	New York State amount
1 Wages, salaries, tips, etc	163,158.	1 163,158.
2 Taxable interest income	39.	2
3 Ordinary dividends	366.	3
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 23)		
5 Alimony received		4
6 Business income or loss (attach copy of federal Schedule C or C-EZ, Form 1040)		5
7 Capital gain or loss (attach copy of federal Schedule D, Form 1040)	-13,326.	6
8 Other gains or losses (attach copy of federal Form 4797)		7
9 Taxable amount of IRA distributions		8
10 Taxable amount of pensions and annuities		9
11 Rental RE, royalties, partnerships, S corps, trusts, etc (attach copy of fed Sch E, Form 1040)		10
12 Farm income or loss (attach copy of federal Schedule F, Form 1040)		11
13 Unemployment compensation		12
14 Taxable amount of social security benefits (also enter on line 25)		13
15 Other income <input type="checkbox"/> Identify:		14
16 Add lines 1 through 15	150,237.	15
17 Total federal adjustments to income <input type="checkbox"/> Identify:	17	163,158.
18 Subtract line 17 from line 16. This is your federal adjusted gross income	18 150,237.	18 163,158.
New York additions (see instructions)		
19 Interest income on state and local bonds (but not those of New York State or its localities)		19
20 Public employee 414(h) retirement contributions		20
21 Other <input type="checkbox"/> Identify:		21
22 Add lines 18 through 21	22 150,237.	22 163,158.
New York subtractions (see instructions)		
23 Taxable refunds, credits, or offsets of state and local income taxes (from line 4 above)		23
24 Pensions of New York State and local governments and the federal government		24
25 Taxable amount of social security benefits (from line 14 above)		25
26 Interest income on U.S. government bonds		26
27 Pension and annuity income exclusion (see instructions)		27
28 Other <input type="checkbox"/> Identify:		28
29 Add lines 23 through 28	29	29
30 Subtract line 29 from line 22. This is your New York adjusted gross income. Enter here and next to line 43, income percentage. (If zero or less, see instructions)	30 150,237.	30 163,158.

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This is a scannable form; please file this original return with the Tax Depar

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Form IT-203 2001

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		Page 2
31	150,237.	
32	32,304.	
33	117,933.	
34	3,000.00	
35	114,933.	
36	7,873.	
37		
38	7,873.	
39	192.	
40	7,681.	
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42	7,681.	
43	1,0860	
44	8,342.	
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48	8,342.	
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54	8,342.	
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61	10,435.	
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New York State Department of Taxation and Finance

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Revised Income Allocation and Itemized Deduction

Attachment to Form IT-203

(Revised 12/01) IT-203-ATT

Name(s) as shown on Form IT-203

ANUCHA BROWNE-SANDERS

Your Social Security Number

Occupation

Complete all parts that apply to you; see instructions. Attach this form to your Form IT-203.

Schedule A — Allocation of wage and salary income to New York State

Complete a separate Schedule A for each job for which your wage and salary income is subject to allocation. Two additional Schedule A sections are provided on page 2 of this form. If you are required to complete more than one Schedule A, total the amounts from line o on all the schedules and include this total on Form IT-203, line 1, in the *NYS amount* column.

Do not use this schedule for income based on the volume of business transacted. See the line 1 instructions if:

- * you had more than one job
- * you had a job for only part of the year
- * you and your spouse each had a job that requires allocation

1 a Total days (see instructions)

1a

Non-working days included in line 1a:	1b Saturdays and Sundays (not worked)	1b
	1c Holidays (not worked)	1c
	1d Sick leave	1d
	1e Vacation	1e
	1f Other nonworking days	1f

1g Total nonworking days (add lines 1b through 1f)

1g

1h Total days worked in year at this job (subtract line 1g from line 1a)

1h

1i Total days included in line 1h worked outside NYS

1i

1j Enter number of days worked at home included in line 1i amount

1j

1k Days worked in NYS (subtract line 1i from line 1h)

1k

1l Enter number of days from line 1h above

1l

1m Divide line 1k by line 1l; carry result to four dec places

1m

1n Wages, salaries, tips, etc (to be allocated)

1n

1o Multiply line 1m by line 1n; this is your New York State allocated wage and salary income

1o

Incl the line 1o amount on Form IT-203, line 1, in the *NYS amount* column.

Schedule B — Living quarters maintained in New York State by a nonresident

If you or your spouse maintained living quarters in New York State during any part of the year, give address(es) below. Attach additional sheets if necessary. Check the box next to any living quarters still maintained for or by you.

REDACTED

Address(es)

Enter the number of days spent in New York State in 2001: _____ days

Any part of a day spent in New York State is considered a day spent in New York State.

Schedule C — New York State itemized deduction Complete Schedule C only if you itemized deductions on your federal return (see instructions).

1	Medical and dental expenses (from federal Schedule A, line 4)	1	
2	Taxes you paid (from federal Schedule A, line 9)	2	20,028.
3	Interest you paid (from federal Schedule A, line 14)	3	20,526.
4	Gifts to charity (from federal Schedule A, line 18)	4	4,090.
5	Casualty and theft losses (from federal Schedule A, line 19)	5	
6	Job expenses and most other miscellaneous deductions (from federal Schedule A, line 26)	6	
7	Other miscellaneous deductions (from federal Schedule A, line 27)	7	
8	Total itemized deductions (from federal Schedule A, line 28)	8	44,125.
9	State, local, and foreign income taxes and other subtraction adjustments (see instructions)	9	11,783.
10	Subtract line 9 from line 8	10	32,342.
11	College tuition itemized deduction (see Important Notice N-01-22)	11	
12	Addition adjustments (see instructions)	12	
13	Add lines 10, 11, and 12	13	32,342.
14	Itemized deduction adjustment (see instructions)	14	38.
15	Subtract line 14 from line 13. This is your New York itemized deduction	15	32,304.

If the amount on line 15 is more than the New York State standard deduction for your filing status, enter the line 15 amount on Form IT-203, line 32, and mark an X in the *Itemized* box next to line 32.

Note: Lines for other taxes and tax credits that were on Form IT-203-ATT prior to 2000 may be found on Form IT-203-B, Other New York State and City of New York Taxes and Tax Credits.

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Form IT-203-ATT 2001

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Page 2

Form IT-203-ATT (2001) (Revised 12/01) ANUCHA BROWNE-SANDERS

Schedule D – College tuition itemized deduction worksheet (Use the instructions for Schedule D in Important Notice N-01-22. If you need a copy of N-01-22, call 1 800 462-8100. From areas outside the U.S. and outside Canada call (518) 485-6800.) Complete columns A through E below for each eligible student for whom you paid qualified college tuition expenses. Attach additional sheets if necessary.

A Name of eligible student	B Social security number	C Name and address of college/university	D Amount of qualified college tuition expenses paid during 2001 (see N-01-22)	E Enter the lesser of column D or \$10,000
			\$	\$
			\$	\$
			\$	\$
			\$	\$

1 Add column E amounts (include amounts from any additional sheets)

2 Multiply line 1 by 25% (.25). This is your college tuition itemized deduction. Also enter this amount on Schedule C, line 11, on page 1 of this form

1
2

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Schedule A – Allocation of wage and salary income to New York State

2 a Total days (see instructions)	2a
Non-working days included in line 2a:	
2b Saturdays and Sundays (not worked)	2b
2c Holidays (not worked)	2c
2d Sick leave	2d
2e Vacation	2e
2f Other nonworking days	2f
2g Total nonworking days (add lines 2b through 2f)	2g
2h Total days worked in year at this job (subtract line 2g from line 2a)	2h
2i Total days included in line 2h worked outside New York State	2i
2j Enter number of days worked at home included in line 2i amount	2j
2k Days worked in New York State (subtract line 2i from line 2h)	2k
2l Enter number of days from line 2h above	2l
2m Divide line 2k by line 2l; carry the result to four decimal places	2m
2n Wages, salaries, tips, etc (to be allocated)	2n

2o Multiply line 2m by line 2n; this is your New York State allocated wage and salary income

Include the line 2o amount on Form IT-203, line 1, in the *New York State amount* column.

Schedule A – Allocation of wage and salary income to New York State

3 a Total days (see instructions)	3a
Non-working days included in line 3a:	
3b Saturdays and Sundays (not worked)	3b
3c Holidays (not worked)	3c
3d Sick leave	3d
3e Vacation	3e
3f Other nonworking days	3f
3g Total nonworking days (add lines 3b through 3f)	3g
3h Total days worked in year at this job (subtract line 3g from line 3a)	3h
3i Total days included in line 3h worked outside New York State	3i
3j Enter number of days worked at home included in line 3i amount	3j
3k Days worked in New York State (subtract line 3i from line 3h)	3k
3l Enter number of days from line 3h above	3l
3m Divide line 3k by line 3l; carry the result to four decimal places	3m
3n Wages, salaries, tips, etc (to be allocated)	3n

3o Multiply line 3m by line 3n; this is your New York State allocated wage and salary income

Include the line 3o amount on Form IT-203, line 1, in the *New York State amount* column.

If you need to allocate wage and salary income from more than three jobs, attach additional copies of this form.

This is a scannable form; please file this original form with your return.

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Form IT-203-ATT 2001

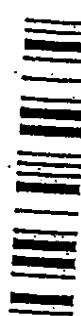
Claim for Child and Dependent Care Credit

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2001

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IT-216

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Important: You must enter your social security number(s) in the area to the right.

Your First Name and Middle Initial

ANUCHA

Your Last Name (for joint claim, enter SP's name)

BROWNE-SANDERS

Spouse's First Name and Middle Initial

Spouse's Last Name

Mailing Address (number and street or rural route)

Apartment Number

New York State County of Residence

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Form IT-216 (2001) ANUCHA BROWNE-SANDERS

CONFIDENTIAL

Page 2

12 Amount from page 1, line 11 12 960

13 Enter below your New York adjusted gross income (Form IT-200 filers, from Worksheet 2 in the Form IT-216 instructions; Form IT-201 filers, line 33; Form IT-203 filers, line 31)

New York adjusted gross income

150,237

Use the New York State child and dependent care credit limitation table in the instructions to determine the decimal to be entered on this line

13 0.200

14 Multiply line 12 by the decimal amount on line 13. This is your New York State Child and Dependent Care Credit (see instructions)

14 192

Part-year residents must complete lines 15 - 22 and sign below. All others stop here

15 Enter the amount from Form IT-203, line 38

If line 15 is equal to or more than line 14, stop. You do not have excess credit.

If line 15 is less than line 14, continue on line 16 below.

15

16 Subtract line 15 from line 14. This is your excess Child and Dependent Care Credit

16

17 Enter the amount from Form IT-203-B, line 19. (if you are not required to file Form IT-203-B, enter '0' and continue on line 18 below)

17

If line 17 is equal to or more than line 16, stop. Do not continue with this worksheet. Enter the line 16 amount on Form IT-203-B, line 20.

If line 17 is less than line 16, enter the line 16 amount on Form IT-203-B, line 20, and continue on line 18 below.

18 Subtract line 17 from line 16. This is your remaining excess Child and Dependent Care Credit

18

19 Enter amount from Part-Year Resident Income Allocation Worksheet, column B, line 18, from your Form IT-203 instruction booklet

19

20 Enter amount from Part-Year Resident Income Allocation Worksheet, column A, line 18, from your Form IT-203 instruction booklet

20

21 Divide line 19 by line 20 (carry the result to four decimal places). This amount cannot exceed 100% (1.0000)

21

22 Multiply line 18 by line 21. Enter the result here and on Form IT-203-B, line 49.

This is the refundable portion of your part-year resident Child and Dependent Care Credit

22

Sign here	Your Signature	Date	Spouse's Signature (if joint claim)	Daytime Phone Number (optional)
Paid preparer's use only	Preparer's Signature	Date	Firm's Name (or yours, if self-employed) and Address	
<input checked="" type="checkbox"/> self-employed X		<input type="checkbox"/> Preparer's SSN or PTIN	<input checked="" type="checkbox"/> EIN	
04-11-02				

REDACTED

Need help?

Telephone assistance is available from 8:30 am to 4:25 pm (eastern time), Monday through Friday. For tax information, call toll free 1 800 225-5829. To order forms and publications, call toll free 1 800 462-8100.

This is a scannable form; please file this original return with the Tax Department.

162101 01/00/02

SPLU 4317

Form IT-216 2001



Statement of New Jersey Income Tax - Resident Return

Homestead Rebate Application

For Privacy Act Notification, see Instructions

For tax year Jan - Dec 2001 or other tax year

beginning _____, 2001, month ending _____

REDACTED

This is Page 1 of Your 2001 NJ-1040/HR-1040. It Must
be Filed in Order for Your Return to be Processed

1030

Name
and
Address

BROWNSANDERS ANUCHA

BROW

0706

CLIENT'S COPY CONFIDENTIAL

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FS	4	15b	0	041	0	MS	0
006	1	016	366	042	15	010	163563
007	I	017	0	043	0	012	0
008	0	018	0	044	50	13B	0
009	3	19a	0	045	0	13L	0
010	0	19b	0	046	0	13Q	0
011	0	19c	0	047	0	14a	0
12a	2	020	0	048	0	14b	0
12b	3	021	0	049	50	14c	0
13F	000000	022	0	050	0	14d	0
13T	000000	023	0	051	35	015	0
GEF	1	024	0	052	0	16a	0
DNM	0	025	0	053	0	16b	0
22C	0	026	163563	054	0	017	0
22I	0	028	0	055	0	18a	0
PA	0	30c	6500	056	0	18b	0
VC	1030	031	0	057	0	EI1	0
		032	0	058	0	EI2	0
		033	0	58C	0	EI3	0
		036	0	059	0	EI4	0
		037	157063	060	35		

Under the penalties of perjury, I declare that I have examined this income tax return and Homestead Rebate Application, including accompanying schedules and statements; and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.	
Pay amount on line 50 in full. Write social security number on check or money order and make payable to: State of New Jersey — TGI	

Your Signature _____ Date _____ Spouse's Signature (If filing jointly, both must sign) _____

Paid Preparer's Signature _____

Firm's Name _____

Federal Identification Number _____

Federal Employer Identification Number _____

If you have an amount due, enclose your check and NJ-1040-V payment voucher and your return to:
NJ Division of Taxation Revenue
Processing Center, P.O. Box 111,
Trenton, NJ 08645-0111

If Refund:
NJ Division of Taxation, Revenue
Processing Center, P.O. Box 555,
Trenton, NJ 08647-0555

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Department of the Treasury
Internal Revenue Service (99)Partnerships, joint ventures, etc, must file Form 1065 or Form 1065-B.
Attach to Form 1040 or Form 1041. See instructions for Schedule C (Form 1040).

2001

09

Name of Proprietor

ANUCHA BROWNE-SANDERS

Social Security Number (SSN)

A Principal Business or Profession, Including Product or Service (see instructions)

DIRECT MARKETING

REDACTED

B Enter Code from Instructions

+ 454390

D Employer ID Number (EIN), If Any

E Business Address (including suite or room no.)
City, Town or Post Office, State, and ZIP CodeF Accounting method: (1) Cash (2) Accrual (3) Other (specify) +

G Did you 'materially participate' in the operation of this business during 2001? If 'No,' see instructions for limit on losses

H If you started or acquired this business during 2001, check here Yes No

Part I Income

1 Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here

1	
2	
3	
4	
5	
6	
7	

2 Returns and allowances

3 Subtract line 2 from line 1

4 Cost of goods sold (from line 42 on page 2)

5 Gross profit. Subtract line 4 from line 3

6 Other income, including federal and state gasoline or fuel tax credit or refund

7 Gross income. Add lines 5 and 6

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8	480.	19 Pension and profit-sharing plans	19	
9 Bad debts from sales or services (see instructions)	9		20 Rent or lease (see instructions):		
10 Car and truck expenses (see instrs)	10	6,160.	a Vehicles, machinery, and equipment	20a	
11 Commissions and fees	11		b Other business property	20b	
12 Depletion	12		21 Repairs and maintenance	21	
13 Depreciation and Section 179 expense deduction (not included in Part III) (see instructions)	13	698.	22 Supplies (not included in Part III)	22	
14 Employee benefit programs (other than on line 19)	14		23 Taxes and licenses	23	
15 Insurance (other than health)	15		24 Travel, meals, and entertainment:		
16 Interest:			a Travel	24a	
a Mortgage (paid to banks, etc)	16a		b Meals and entertainment		
b Other	16b		c Enter nondeductible amount included on line 24b (see instrs)		
17 Legal & professional services	17	275.	d Subtract line 24c from line 24b	24d	
18 Office expense	18		25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns			26 Wages (less employment credits)	26	
29 Tentative profit (loss). Subtract line 28 from line 7			27 Other expenses (from line 48 on page 2)	27	5,713.
30 Expenses for business use of your home. Attach Form 8829			28		13,326.
31 Net profit or (loss). Subtract line 30 from line 29.			29		-13,326.
32 If you have a loss, check the box that describes your investment in this activity (see instructions).			30		
• If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.			31		-13,326.
• If a loss, you must go to line 32.					
• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.					
• If you checked 32b, you must attach Form 6198.					

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

32a All investment is at risk.32b Some investment is not at risk.

Schedule C (Form 1040) 2001

Page 2 and Page 3 Must be Enclosed With Page 1 of Your 2001 NJ-1040/HR-1040

Form NJ-1040/HR-1040 (2001)

CONFIDENTIAL

Page 2

Name	REDACTED		
BROWNE-SANDERS, ANUCHA	Social Security Number		

Filing Status	1 <input type="checkbox"/> Single	2 <input type="checkbox"/> Married, filing joint return	3 <input type="checkbox"/> Married, filing separate return	4 <input checked="" type="checkbox"/> Head of Household	5 <input type="checkbox"/> Qualifying widow(er)
Exemptions	6 Regular	7 Age 65 or over	8 Blind or disabled	10 Number of other dependents	11 Dependents attending colleges
			9 Number of qualified dependent children	12 Totals (line 12a - add lines 6, 7, 8 and 11) (line 12b - add lines 9 and 10)	2 3

Residency Status	13 If you were a New Jersey resident for only part of the taxable year, give the period of New Jersey residency:			From _____	To _____
Gubernatorial Elections Fund	Do you wish to designate \$1 of your taxes for this fund? If joint return, does your spouse wish to designate \$1?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>

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14 Wages, salaries, tips, and other employee compensation (enclose W-2)	14	163,158.
15a Taxable interest income	15 a	39.
15b Tax exempt interest income. Do not include on line 15a	15 b	
16 Dividends	16	366.
17 Net profits from business (enclose copy of federal Schedule C, Form 1040)	17	0.
18 Net gains or income from disposition of property (Schedule B, line 4)	18	
19 Pensions, annuities and IRA withdrawals	19 a	
	19 b	
	c Subtract line 19b from line 19a	
20 Distributive share of partnership income (see instructions)	19 c	
21 Net pro rata share of S corporation income (see instructions)	20	
22 Net gain or income from rents, royalties, patents and copyrights (Schedule C, line 3)	21	
23 Net gambling winnings	22	
24 Alimony and separate maintenance payments received	23	
25 Other (see instructions)	24	
26 Total income (add lines 14, 15a, 16, 17, 18, 19c, 20, 21, 22, 23, 24 and 25)	25	
27 This line is not used on computer generated returns	26	163,563.
28 Other retirement income exclusion (see worksheet and instructions)	27	
29 New Jersey gross income (subtract line 28 from line 26). See instructions	28	0.
30a Exemptions: From line 12a ..	29	163,563.
30b From line 12b ..		
30c Total exemption amount (add line 30a and line 30b). Part-year residents see instructions	30 c	6,500.
31 Medical expenses/medical savings account contributions (see worksheet and instructions)	31	
32 Alimony and separate maintenance payments	32	
33 Qualified conservation contribution	33	
34 Total exemptions and deductions (add lines 30c, 31, 32 and 33)	34	6,500.
35 Taxable income (subtract line 34 from line 29). If zero or less, make no entry	35	157,063.
36 Property tax deduction (see instructions)	36	
37 New Jersey Taxable Income (subtract line 36 from line 35). If zero or less, Make No Entry	37	157,063.
38 Tax (from tax tables in the instructions)	38	5,962.
39 Credit for income taxes paid to other jurisdictions (see instructions)	39	5,947.
40 Balance of tax (subtract line 39 from line 38)	40	15.
41 Use tax due on out-of-state purchases (see instructions). If no use tax, enter zero	41	0.
42 Total tax (add line 40 and line 41)	42	15.
43 Total New Jersey income tax withheld (enclose Forms W-2 and 1099-R)	43	
44 Property tax credit (see instructions)	44	50.
45 New Jersey estimated tax payments/credit from 2000 tax return	45	
Check <input type="checkbox"/> if Form NJ-2210 is enclosed.	46	
46 New Jersey Earned Income Tax Credit	47	
47 Excess New Jersey UI/HC/WD withheld (see instructions) (enclose Form NJ-2450)	48	
48 Excess New Jersey disability insurance withheld (see instructions) (enclose Form NJ-2450)	49	
49 Total payments/credits (add lines 43 through 48)		P9004308

Name(s) as Shown on Form NJ-1040

BROWNE-SANDERS, ANUCHA

CONFIDENTIAL

Your Social Security Number

Schedule A Credit for Income or Wage Taxes Paid to Other Jurisdiction

If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions.

A Copy of Other State or Political Subdivision Tax Return Must be Enclosed with Form NJ-1040

1	Income actually taxed by other jurisdiction during tax year (indicate name New York). (Do not combine the same income taxed by more than one jurisdiction). (The amount on line 1 cannot exceed the amount shown on line 2)	163,158
2	Income subject to tax by New Jersey (from line 29, Form NJ-1040)	163,563
3	Maximum allowable credit percentage 1 163,158. (Divide line 2 into line 1) 2 163,563.	99.75 %
4	If You Are Not Eligible for a Property Tax Benefit Only Complete Column B.	Column A
4	Taxable income (after exemptions and deductions) from line 35, Form NJ-1040	157,063
5	Property Enter property tax or 18% of rent due tax and paid in 2001. See instructions 5a 8,106. Eligible amount (box 5a or \$10,000, whichever is less). See instructions 5 8,106.	157,063
6	New Jersey taxable income (line 4 minus line 5)	-0-
7	Tax on line 6 amount (from Tax Tables or Tax Rate Schedules)	157,063.
8	Allowable credit (line 3 times line 7)	5,962.
9	Credit for taxes paid to other jurisdiction during tax year on income shown on line 1. See instructions 9a 8,372. Credit allowed. (Enter lesser of line 8 or box 9a). (The credit may not exceed your New Jersey tax on line 38) 9 5,441.	5,947.

REDACTED

- If you are not eligible for a property tax benefit, enter the amount from line 9, column B, on line 39, Form NJ-1040. Make no entry on lines 36 or 44, Form NJ-1040.
- If you are eligible for a property tax benefit, you must complete Worksheet F in the instructions to determine whether you receive a greater benefit by claiming a property tax deduction or taking the property tax credit.

Schedule B Net Gains or Income from Disposition of Property		List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.			
1	a Kind of Property and Description	b Date Acquired (month, day, year)	c Date Sold (month, day, year)	d Gross Sales Price	e Cost or Other Basis as Adjusted (see instructions) and Expense of Sale
2	Capital gains distributions				2
3	Other net gains				3
4	Net gains (add lines 1, 2, and 3) (enter here and on line 18. If loss enter zero here and make no entry on line 18)				4

Schedule C Net Gain or Income from Rents, Royalties, Patents and Copyrights		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights as reported on your federal income tax return. If you have passive losses for federal purposes, see instructions.			
1	a Kind of Property	b Net Rental Income (loss)	c Net Income from Royalties	d Net Income from Patents	e Net Income from Copyrights
2	Totals	b	c	d	e
3	Net income (combine columns b, c, d, and e). (Enter here and on line 22. If loss enter zero here and make no entry on line 22)				3

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Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory a Cost b Lower of cost or market c Other (attach explanation)34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If 'Yes,' attach explanation35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation Yes No

36 Purchases less cost of items withdrawn for personal use

REDACTED

35

37 Cost of labor. Do not include any amounts paid to yourself

36

38 Materials and supplies

37

39 Other costs

38

40 Add lines 35 through 39

39

41 Inventory at end of year

40

42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4.

41

42

PART V Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file.

43 When did you place your vehicle in service for business purposes? (month, day, year) ► 02/13/2001

44 Of the total number of miles you drove your vehicle during 2001, enter the number of miles you used your vehicle for:
a Business 17,856 b Commuting c Other 18,13045 Do you (or your spouse) have another vehicle available for personal use? Yes No46 Was your vehicle available for personal use during off-duty hours? Yes No47a Do you have evidence to support your deduction? Yes No

b If 'Yes,' is the evidence written?

 Yes No

PART V Other Expenses. List below business expenses not included on lines 8 - 26 or line 30.

TELEPHONE	1,623.
BOOKS, SUBSCRIPTIONS	1,720.
INTERNET	263.
POSTAGE	264.
PARKING & TOLLS	149.
PROFESSIONAL DUES	1,694.

48 Total other expenses. Enter here and on page 1, line 27 48 5,713

Schedule C (Form 1040) 2001

Form NJ-1040/HR-1040 (2001)

REDACTED

CONFIDENTIAL

Name

BROWNE-SANDERS, ANUCHA

Social Security Number

50 If payments (line 49) are less than tax (line 42) enter amount of tax you owe
 If you owe tax, you may make a donation by entering an amount on lines 53, 54, 55, 56, 57 and/or 58 and adding this to your check amount

51 If payments (line 49) are more than tax (line 42) enter overpayment

50	
51	35

Note: An Entry on Lines 52, 53, 54, 55, 56, 57 and/or 58 Will Reduce Your Tax Refund.

Deductions from overpayment on line 51 which you elect to credit to:

52 Your 2002 tax

53 NJ Endangered Wildlife Fund \$10 \$20 Other
 54 NJ Children's Trust Fund to Prevent Child Abuse \$10 \$20 Other
 55 NJ Vietnam Veterans' Memorial Fund \$10 \$20 Other
 56 NJ Breast Cancer Research Fund \$10 \$20 Other
 57 U.S.S. New Jersey Educational Museum Fund \$10 \$20 Other
 58 Other designated contribution \$10 \$20 Other
 59 Total deductions from overpayment (add lines 52 through 58)

60 Refund (amount to be sent to you, line 51 less line 59)

52	
53	
54	
55	
56	
57	
58	
59	
60	35

Direct Deposit Information (Only for returns with 2-D barcodes)

'1' for Refund only, '2' for Homestead rebate only, '3' for both and '4' for no Type of account ('C' for Checking, 'S' for Savings)
 Check routing number Account number

Earned Income Tax Credit Schedule

You may be eligible for the New Jersey Earned Income Tax Credit if you claimed the federal Earned Income Credit for 2001, your gross income on line 29, Form NJ-1040 is \$20,000 or less and your filing status for New Jersey is the same as your filing status on your federal income tax return. Complete this schedule to see if you are eligible. You are not eligible for the New Jersey Earned Income Tax Credit if your filing status is single or married, filing separate return or if you answer 'No' to question 1 below. See instructions.

1 Did you file a 2001 federal Schedule EIC, on which you listed at least one 'qualifying child'? Yes No

2 Fill in the box if you had the IRS figure your federal Earned Income Credit

3 Enter the amount of federal Earned Income Credit from your 2001 federal Form 1040 or 1040A 3

4 Enter 15% of amount on line 3 here and on page 2, line 46 4

2001 HR-1040 Homestead Rebate Application

7 On December 31, 2001 I (and/or my spouse) was: Age 65 or older Blind or disabled Not 65 or blind or disabled
 Fill in only one box. See instructions.

8 Enter the gross income you reported on line 29, Form NJ-1040 or see instructions 8 163,563.

9 If your filing status is married, filing separate return and you and your spouse maintain the same principal residence enter the gross income reported on your spouse's return (line 29, Form NJ-1040) and check this box 9

10 Total gross income (add line 8 and line 9) 10 163,563.

Step - If Line 10 is More Than \$100,000, You are not Eligible for a Rebate.

11 Enter your New Jersey residence on Dec 31, 2001 if different than above. If you were not a resident on Dec 31, 2001 enter your last New Jersey residence.
 Street Address _____ Municipality _____

12 Check your residency status during 2001: a Homeowner b Tenant c Both

13 If you checked 'Homeowners' or 'Both' on line 12, enter the block and lot number of the residence for which the rebate is claimed.
 Block Lot Qualifier

14a Did you live at more than one New Jersey residence during the year?
 b Did you share ownership of a principal residence during the year with anyone, other than your spouse?
 c Did any principal residence you owned during the year consist of multiple dwelling units?
 d Did anyone, other than your spouse, occupy and share rent with you for an apartment or other rental dwelling during the year?

15	
16a	
16b	
17	
18a	
18b	

Home 15 Total 2001 property taxes you (and your spouse) paid on your principal residence in New Jersey during 2001

Owner 16a Total property taxes paid (Schedule HR-A, Part I, line 5)

b Number of days as an owner (Schedule HR-A, Part I, line 4)

17 Enter total rent you (and your spouse) paid on your principal residence in New Jersey during 2001

Tenant 18a Total rent paid (Schedule HR-A, Part II, line 11)

b Number of days as a tenant (Schedule HR-A, Part II, line 10)

I authorize the Division of Taxation to discuss my return and enclosures with my preparer

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